

# LOGAN COUNTY NET PROFITS LICENSE FEE RETURN

**\*\* IMPORTANT \*\***  
**COPY OF APPLICABLE  
 FEDERAL RETURN OR  
 SCHEDULE(S) MUST BE  
 ENCLOSED**

Fed. Sch. C,E,F,  
 Fed. 1040,1065, 1120, 1120 (s)

**FEDERAL RETURN  
 SHOULD INCLUDE:**

- 1) Cost of Goods Sold Schedule  
 2) Schedule of "Other Deductions"

**Make Checks Payable To:**

Logan County Treasurer

**Mail To:**

Occupational/Net Profits Tax  
 P.O. Box 236  
 Russellville, Ky 42276  
 Phone (270) 726-4667  
 Fax: (270) 726-4668

**SPACE FOR OFFICE USE ONLY**

1. Gross Receipts/Sales and Other Income per attached Federal Return \_\_\_\_\_
2. Cost of Goods Sold and/or Operations plus other Federal Pre-Gross income Deductions \_\_\_\_\_
3. Gross income per attached Federal Return (Line 1 less Line 2) \_\_\_\_
4. Total Deductions per attached Federal Return \_\_\_\_\_
5. Net Profit/income per attached Federal Return (Line 3 less Line 4) \_\_\_\_\_
6. Add items not Deductible (Line 24, Section B on Back) \_\_\_\_\_
7. Total (Line 5 plus Line 6) \_\_\_\_\_
8. Subtract Items not Subject (Line 30, Section B on Back) \_\_\_\_\_
9. Adjusted Net Profit/Income (Line 7 less Line 8) \_\_\_\_\_
10. Average Percentage if Applicable (Line 34, Section C on Back) \_\_\_\_
11. Net Profit Subject to License Fee (Line 9 multiplied by Line 10) \_\_\_\_
12. License Fee Due .75% (Multiply Line 11 by .0075) \_\_\_\_\_
13. Credits, Estimated Payments \_\_\_\_\_
14. Refund or Credit. If Line 13 is Greater than Line 12 enter the difference ( Circle one: REFUND or CREDIT ) \_\_\_\_\_
15. BALANCE DUE \_\_\_\_\_
16. Interest - 1% per month or portion of month Beginning 1st day after Original Due Date \_\_\_\_\_
17. Penalty - 5% per month or portion of a month or \$25 whichever is greater. It shall not be less than \$25.00 \_\_\_\_\_
18. Total amount due (add lines 15, 16 and 17) \_\_\_\_\_

1		
2		
3		
4		
5		
6		
7		
8		
9		
10		%
11		
12		
13		
14		
15		
16		
17		
18		

I hereby certify that the statements made herein and in any supporting schedules are true, correct and complete to the best of my knowledge

X \_\_\_\_\_  
 Signature of Individual Preparing Return Date & Phone

**RETURN MUST X  
 BE SIGNED.**

\_\_\_\_\_  
 Signature of Taxpayer Date

**IF FILING AN EXTENSION PLEASE SUBMIT A COPY OF IT BEFORE THE DUE DATE ON THIS RETURN.**

\*All returns must be post-marked by the due date or the extension date, (if an extension was filed/granted with our office) to avoid penalty charges. Filing an extension only extends your time to file. It does not extend you time to pay. Regardless of the number of extensions filed, interest is 1% per month or portion of a month, beginning the first day you file after the original due date. Zero returns that are filed late will have the \$25.00 minimum penalty charge.

FOR YEAR ENDED		
MONTH	DAY	YEAR

DUE DATE		
MONTH	DAY	YEAR

SSN # and/or FED ID	
BUSINESS CLASSIFICATION (CHECK ONE):	
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> FIDUCIARY <input type="checkbox"/> OTHER
Is this a NEW account <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Business Activity Began _____	
<b>CHECK IF FINAL RETURN</b> <input type="checkbox"/>	
Date Business Activity Ceased _____	
<input type="checkbox"/> For Dissolution	<input type="checkbox"/> Sale/Transfer

COUNTY OCCUPATIONAL ACCOUNT NUMBER	
MAILING ADDRESS	